NO. 25

An
Inaugural dissertation
on
Pneumonia
by
E. B. Creagh. Alabama

Passed March 1827
W. E. H.

In
vice
and
tim
hea
inf
cel
The
ple
wh
vi
Th
pa
ar
by
a
th
ex
ar

Pneumonia

In treating of inflammation of the thoracic viscera, it was the custom of the older writers and is still the habit of many of the present time to consider it under several different heads: according to the part in which the inflammation was located: when the cellular texture of the lungs is inflamed the disease is termed peripneumonia, when the pleura, pleuritis, when in that portion of it which covers the diaphragm, paraphrenitis &c.

That inflammation of these different parts do occasionally exist seperately, and are accompanied with certain symptoms by which they may be sometimes distinguished appears to be generally admitted but from the very slight difference which at all times exist in their symptoms and their causes and treatment being essentially the same;

many
this
the
to
one
tin
I s
Whe
col
any
pos
ex Th
Sin
the
eve
me
all
of
ca
ma

many of the moderns have entirely rejected this division, and now treat of them under the title of pneumonia. Beleving this to be least objectionable and the only one which can be employed at all times, with certainty in practice I shall adopt it.

The most common cause of pneumonia is cold applied to the whole system or to any part of it which happened to be exposed. It is also frequently produced by external injuries, by violent exertions in singin or playing on wind instruments, the inhaling of acrid particles, repelled eruptions suppressed evacuations and metastases from other diseases have occasionally produced it. It is often the sequel of other diseases, as measles small pox or catarrh. The disposition to it is very much increased by previous attacks.

An
is a
of th
Pr
and
it is
sise
fro
fi
Sy
= d
is s
of
Pr
is
lu
O
ce
in
co
P

An excessive indulgence in spirituous liquors is a very frequent cause of this disease as it is of many others

Pneumonia attacks persons of every temperment and at any period of life, but most frequently it is stated by Dr Cullen from forty five to sixty. The characteristick symptoms of pneumonia, are fever, pain in the chest difficult respiration and cough. But these symptoms are very much modified according to the part in which the inflammation is seated, and the condition of the part at the time of attack.

In the commencement of pneumonia there is generally languor and lapitude, followed by a slight shivering or rigors, to these succeed an increase of heat, a sense of uneasiness in the chest a slight cough, dry skin, high coloured urine, hurried respiration, the pulse more frequent than natural. After

these
par
=the
if. M
rati
dohe
is v
and
ed.
ton
ab
Th
indi
cer
sio
St
Pa
Sy
=m
a

these have continued for a short time the pain becomes more intense when the pa=tient is in the horizontal position, especially if he lie on the part affected. the respiration is hurried and difficult, particularly when in the recumbent posture, the cough is very distressing, the pulse frequent and full and if blood be drawn it will be found cuped, and buffy, the skin hot and dry the tonge covered with a white fur, considerable thirst and high-coloured urine.

The concurrance of these symptoms, will indicate the existence of the disease with great certainty; yet some of them differ very considerable in different cases and in different stages of the same disease.

Pain which is on of the most common symptoms of pneumonia in the commence=ment is slight, but after it has existed for a few days it becomes very distressing

whe
some
The
side
of th
oth
=ic
Pl
at
f
o
P
ge
dis
pre
=in
an
o
P
ap
th

when the patient is in a horizontal position so much so that he is obliged to assume an elevated one. The pain generally remains fixed in the side near the middle or a little anterior to it of the sixth rib. But it occasionally occurs in other parts: as under the sternum, the clav=icle, scapular and between the shoulders. It some times shoots in various directions at others it nearly shifts its position from one side to the other.

The respiration in the commencement is generally very little disturbed. but as the disease advances, it becomes short, quick and performed with very great difficulty ow=ing to the lung being in an inflamed state and not dilating readily.

Where attacked in its commencement and properly treated there is no inflammatory affection which is more completely under the controul of the physician than the

one
Res
Ter
wit
as a
ora
the
for
is
or y
Sh
pr
an
fo
as
to
Of
co
an

one under consideration.

Resolution therefore is the most common termination of it, which is always attended with some very evident evacuation, such as a profused warm perspiration, a hemorage from the nose, the appearance of hemorrhoids or diarrhoea, but the most frequent and at the same time most salutary is that of a copious expectoration of whitish or yellowish mucous which is frequently streaked with blood. After this has taken place the pulse becomes slower softer and more regular, the breathing more free and easy, the pain to deminish and in a few days the patient is restored to health.

When the disease is neglected in the commencement or if attended to and the proper remedies are not employed and the inflammation is violent from the

com
in
ste
ive
fro
Th
ges
of
the
Pn
era
com
a se
of
fi
in
on
In
of
dry

commencement it frequently terminates in an effusion of blood into the cellular substance of the lungs, by which the circulation is impeded and suffocation produced.

This termination is indicated by a turgescency and fullness of the blood vessels of the neck and a livid appearance of the countenance.

Pneumonia may also terminate by suppuration, which may be known by the coming on of rigors, the pain diminished a sense of wait in the part, the expectoration of purulent matter, the pulse becoming fuller and softer, the urine depositing a copious sedement, and the accession of hectic.

In forming an opinion as to the result of the disease we must be governed by the symptoms which are present.

Ph
wi
the
the
a l
acc
a a
fru
the
on
in
he
co
to
a e
an
col
in
e
we

When fever is violent, accompanied with difficult and laborious respiration the pain more intense thirst considerable the skin dry, the countenance assuming a lived appearance, a dry cough or accompanied with the expectorations of a dark colour; scanty urine, irregular pulse, cold sweat and coma indicates the near approach of a fatal termination on the contrary when there is a diminution of the febrile heat, the pulse becomeing more regular and soft a copious and free expectoration the tongue becomeing clean at the edges a copious and defused warm perspiration and the urine depositing a cream-coloured sediment marks the decline of the inflammation.

On dissection the lung and its membranes will be found in an inflamed state

lungs themselves of a lived or violet colour and on handling them, they they are found to be heavier than natural owing to an effusion of serous fluids. The fluid is also frequently found within the cavity of the chest and pericardium. The pleura covering the lungs is found in an inflamed state, its surface covering the inflamed lung covered with red veples, sometimes cogable lymph is throwen out by which the pleura is attached to the lung. One or more abcesses are sometimes found in the lungs.

In the treatment of pneumonia from a consideration of the important function which the diseased part performs, the violence and rapid progress of the disease and its very great tendency to terminate by effusion, we should employ remedies at once powerfull

and
Other
an
pa
had
the a
poi
rel
sic
he
sar
in
of
of
by
-ce
fr
-du
Th
ve

and immediate in their effects.
Therefore in the commencement of
an attack of pneumonia where the
patient robust and of a plethoric
habit, blood should be drawn from
the arm and by a large orafice untill
pain and difficulty of breathing are
relieved or untill the patient becomes
sick or faint. o this opperation it will
be necessary, frequent to repeat the
same or nexet day to an equal extent and
in some to detract even a greater quantity
of blood. In the further employment
of this remedy we must be governed
by the severity of the pain the diffi
-culty of breathing, the tensity and
fullness of the pulse, these must be re-
-duced without delay and although
there are other remedies which are
very usefull in this stage it is on

venesection that we are to rely.
The appearance of the blood drawn will also assist in forming an opinion as to the propriety of the further employment of the remedy. For when it is covered with a buffy coat and cupped accompanied with a frequent and tense pulse there can be but very little doubt of the propriety of it.
The disappearance of the buffy coat generally indicates a subsidence of the inflammation.
If from the violence of the disease or from its being neglected in the commencement it should pass on to suppuration then then it will be necessary to employ venesection with great caution and in small quantities if at all.
Topical blood letting by leaches or cups may be employed with great

adv
is m
inm
to
use
of
ver
to a
Wh
for
he
cat
of
era
ta
A
mo

advantage with venesection, when there is much congestion, They should be applyed immediately over or as near as possible to the pained part. They are also very usefull in those case when the force of the circulation has been reduced by venesection and a slight degree of pain still remains or when from previous bad habits or ill heatth the patient will not bear general blood letting to any considerable extent

With the view of alleviating pain fomentations and cataplasms should be employed, provided their application would not interfere with that of a blister which is decidedly preferable, after the force of the circulation has been reduced

After the inflammatory action has been moderated or considerably reduced, the

app
pass
be e
wit
the
the
be
Th
Sa
be
Un
of
Sa
th
e
dis
to
te
c
m

application of a large blister over the pained par or as near as possable may be employed with very great advantage with the view of removing it should the first application not be sufficient the discharge should be continued by the application of another blister. In the commencement of pneumonia should costiveness prevail it will be advisable to evacuate the bowels thoroughly. For this purpose a dose of the sulphat of magnesia or soda should be administered. After the bowels have been thoroughly evacuated in the early stage of the disease it will be sufficent afterwards to keep them in a soluble state to accomplish which the milder laxatives should be employed as more active articles by inducing

copy
a le
Du
wo
hea
the
me
do
by
Su
of
me
wi
of
dea
th
ne
gi
or
Th

copious purging evidently have a tendency to diminish expectoration. During the first stage of the disease when there is considerable febrile heat with a dry cough and pain in the chest it will be advisable to give mild diaphoretics, such as small dose of tartarized antimony frequently repeated, which by relaxing the surface and promoting expectoration afford very great releaf. The saline mixture and nitre may also be employed with the same intention.

The asclepias tuberosa has been a good deal employed in this disease in the United states and it appears with the very decided advantage. It is generally given in a strong decoction every hour or two. With the view of promoting the operation of these medicines the

post
Smi
w
Th
wh
of t
of t
A
nat
me
for
Th
of
be
in
th
al
w
d
f

patient should be directed to take frequent small drinks of some mild fluid, as barley water rice water or flaxseed tea.

The employing of pediluvium in the evening where care is taken to dry the parts perfectly afterwards, will add greatly to the comfort of the patient during the night.

A copious expectoration being the means which nature usually resorts to for relief in inflammatory affection of the chest it should be promoted by every means in our power.

For this purpose small and nauseating doses of tartar emetic frequently repeated have been found most usefull and may be employed in any stage of the disease, when not forbid by the state of the stomach. Ipecacuanah may also be employed in the same manner and with very good effect. Mild and tepid drinks, taken in small quantity and frequently repeated, by allaying the irone

tal
aggr
fro
of a
wi
ads
Oth
and
tal
an
for
ha
irr
Of
fe
di
fe
ap
an
it

tation which exist about the fauces and aggrivates the cough, so as to prevent the matter from remaining in the lungs, untill it becomes of a proper consistency to be expectorated with ease, may be employed with very great advantage and should not be neglected.

The inhalation of the steam of warm water and vinegar has been found greatly to facili-tate expectoration. A combination of Hofmans anodyne liquor and laudanum when breathed for a half hour or more at a time we are told have been found very usefull in allaying the irritation which exist about the throat and fauces from the great pain which the patient suf-fers during the inflammatory stage of the disease. from the distressing cough which accom-panies it and consequently the want of sleep opiates appears to be indicated but the experi-ance of most practitioners is decided by against it untill the inflammatory symptoms

one s
rem
slee
very
Dec
the
-era
the
their
th
th
wo
sea
the
co
a
s
th
a

are subdued. after this should a cough remain so as to aggrivate the pain and prevent sleep opiates may be employed and with very beneficial effect.

During the inflamatory stage of the disease the diet should be conformable with the general plan of treatment. namely to diminish the quantity of the circulating fluid and thereby diminish arterial action. Therefore the most bland articles must be chosen, for this purpose such as tapioca, sago rice barly water roasted apples and other fruits of the season. During the state of convalescence the patient should observe the greatest caution and regularity in his diet and should carefully guard against any sudden atmospherical vicissitude, as the disease is very apt to return from any fresh exposure.